

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO:

101 584,093

FILING DATE

APPLICATION

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	1						51					
2		1						52					
3			1					53					
4		1						54					
5			1					55					
6		1						56					
7			1					57					
8		1						58					
9	1							59					
10		1						60					
11			1					61					
12		1						62					
13			1					63					
14		1						64					
15			1					65					
16		1						66					
17			1					67					
18	1							68					
19		1						69					
20	1							70					
21	1	1						71					
22		1						72					
23								73					
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42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	6												
TOTAL DEP.	16												
TOTAL CLAIMS	22												